

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155570		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 10/29/2012	
NAME OF PROVIDER OR SUPPLIER  PLEASANT VIEW LODGE				STREET ADDRESS, CITY, STATE, ZIP CODE 7476 W LANE RD MC CORDSVILLE, IN 46055			
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F0000	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: October 23, 24, 25, 26 and 29, 2012</p> <p>Facility number: 000477 Provider number: 155570 AIM number: 100290860</p> <p>Survey team: Leslie Parrett, RN-TC (October 23, 24, 25 &amp; 29) Sharon Lasher, RN Barbara Gray, RN Angel Tomlinson, RN</p> <p>Census bed type: SNF/NF: 33 Total: 33</p> <p>Census payor type: Medicaid: 30 Other: 3 Total: 33</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on October 31, 2012 by Bev Faulkner, RN</p>			F0000	<p>November 12, 2012 Kim Rhoades, Director Long Term Care Indiana State Department of Health 2 N. Meridian Street Indianapolis, IN 46204-3006 Dear Kim Rhoades, Please accept our Plan of Correction as our creditable allegation of compliance. If you have any questions please feel free to call me at 317-335-2159. Sincerely, Colleen McCreary-Warnick Administrator</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/19/2012

FORM APPROVED

OMB NO. 0938-0391

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F0313 SS=D	<p>483.25(b) TREATMENT/DEVICES TO MAINTAIN HEARING/VISION To ensure that residents receive proper treatment and assistive devices to maintain vision and hearing abilities, the facility must, if necessary, assist the resident in making appointments, and by arranging for transportation to and from the office of a practitioner specializing in the treatment of vision or hearing impairment or the office of a professional specializing in the provision of vision or hearing assistive devices. Based on observation, interview, and record review, the facility failed to schedule a corrective vision service appointment for 1 of 3 residents reviewed for vision services. (Resident #40).</p> <p>Findings include:</p> <p>On 10/24/12 at 3:33 P.M., Resident #40 was observed seated in her recliner in her bedroom. Resident #40 indicated she did not wear eye glasses, and stated "I'm going to get glasses pretty soon."</p> <p>Resident #40's record was reviewed on 10/25/12 at 12:20 P.M. Resident #40's quarterly Minimum Data Set Assessment, dated 8/12/12, indicated Resident #40 had visual impairment. Resident #40 was able to see large print but not print in newspapers and books. Resident #40 did not wear</p>		F0313	<p>1. Corrective Action: The facility scheduled resident #40 an appointment to complete the procedure that was recommended. The procedure(s) were completed on 11/5/2012. 2. Identification of any other residents: A full house audit was completed to identify any residents seen by Optometry or Audiology to ensure all recommendations have been addressed by the DON and ADON. Any resident found with a recommendation was referred to Social Services for follow up using the Social Service referral form. Social Service completed follow up on the needs and/or recommendations as per policy. 3. Measures to prevent reoccurrence: Nurses and Social Services have been educated on the use of the Social Service referral policy and will forward resident needs or recommendation(s) that are seen by Optometry or Audiology using this system on 11/8/2012. 4.</p>		11/27/2012	

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	<p>corrective lenses.</p> <p>A Optometric Exam Form for Resident #40, dated 6/21/12, indicated the following. Resident #40 had developed post capsule opacification (a post complication after cataract surgery). Resident #40 was referred for laser surgery to correct the complication. Resident #40's plan for eye glasses would wait until after the laser surgery procedure.</p> <p>A nurses note, dated 6//21/12 at 3:15 P.M., indicated the following: Resident #40 had been seen by the ophthalmologist and was referred for laser capsulotomy (a laser surgery that makes a tiny hole on the posterior capsule membrane; to let light pass through and restore clear vision). Resident #40's son was notified.</p> <p>On 10/25/12 at 2:22 P.M., the Assistant Director of Nursing (ADON), indicated Resident #40 had cataract surgery prior to admission and had not had the corrective laser procedure as recommended on 6/21/12.</p> <p>On 10/25/12 at 3:15 P.M., the Director of Nursing (DoN) indicated he thought Resident #40's son was</p>			<p>Continued monitoring:After each visit from Optometry and/or Audiology and monthly an audit will be completed by Social Service Designee to ensure resident needs were met, appointments scheduled, devices on order, or other needs as prescribed by these services are completed. These audits will be reviewed at the facility quarterly Quality Assurance meeting until 100% compliancy is met over 9 months.</p>			

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	<p>going to schedule the laser procedure.</p> <p>On 10/26/12 at 9:41 A.M., the DoN indicated he had spoken with Resident #40's son on the phone, the evening of 10/25/12. Resident #40's son indicated he would look through some old paper work and find out what doctor performed the cataract surgery. The DoN indicated to the best of his knowledge, the facility had contacted Resident #40's son in June, 2012, notifying him of the laser procedure recommendation. The facility had been waiting for Resident #40's son to get back with them on what doctor had performed the cataract surgery. The DoN indicated the facility was unable to do anything until they found out what doctor had performed the cataract surgery.</p> <p>On 10/26/12 at 10:10 A.M., the Administrator indicated nursing usually notified the family of vision recommendations and Social Services usually coordinated the services.</p> <p>On 10/26/12 at 1:36 P.M., LPN #4 indicated she had notified Resident #40's son on 6/21/12 that Resident #40 had been seen by the ophthalmologist and had been</p>						

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	<p>referred for a corrective laser procedure. LPN #4 stated "I'm thinking I should have given that information to Social Services and she would have scheduled the appointment." LPN #4 indicated she had spoken with Resident #40's son the evening of 10/25/12. He had informed her he did not remember a conversation on 6/21/12, where he was required to make the laser procedure appointment. Resident #40's son was unable to remember what doctor had performed the cataract surgery. He informed LPN #4 he would have to get back with her. LPN #4 indicated she spoke with Resident #40's son again the morning of 10/26/12, and he had been unable to find the cataract surgery paperwork for the doctor's name. LPN #4 indicated she notified the optometrist company who had made the laser procedure recommendation and was informed it did not have to be the same doctor to perform the laser surgery that had performed the cataract surgery. LPN #4 obtained the phone number of an Eye Specialist and scheduled an appointment for Resident #40's laser procedures on 10/30/12 and 10/31/12. LPN #4 indicated the Eye Specialist she notified informed her they had performed Resident #40's</p>						

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	<p>cataract surgery.</p> <p>An interview with Social Services on 10/26/12 at 2:16 P.M., indicated she had not been made aware Resident #40 needed scheduled for a corrective vision laser procedure until 10/25/12. Social Services indicated the nurse who received the order for the laser referral on 6/21/12, should have informed her, so she could follow up and see what needed done.</p> <p>An interview with the Administrator on 10/29/12 at 3:58 P.M., indicated Social Services was responsible to make vision procedure appointments.</p> <p>A Social Service Referral System Interdepartmental Communication policy provided by Social Services on 10/29/12 at 11:28 P.M., indicated the following: "Policy: The Social Service Director will be responsible for providing follow-up to all concerns noted on the Social Service referral form. Procedure: 1. Referral forms will be kept at the nurse's station and be accessible to staff at all times. 2. All staff will receive training on the method of communicating resident needs to Social Service staff by means of the referral form. Appropriate referrals include, but are not limited to: ...Concrete needs:</p>						

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	clothing, vision, dental, hearing, podiatry, etc... ".  3.1-39(a) 3.1-39(a)(1)						



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F0318 SS=D	<p>483.25(e)(2) INCREASE/PREVENT DECREASE IN RANGE OF MOTION Based on the comprehensive assessment of a resident, the facility must ensure that a resident with a limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion. Based on observation, interview and record review, the facility failed to provide range of motion services for a dependent resident who had limited Range Of Motion (ROM) for 1 of 3 residents that met the criteria for ROM (Resident #22).</p> <p>Finding include:</p> <p>Interview with the Assistant Director Of Nursing (ADON) on 10-23-12 at 2:18 p.m., indicated Resident #22 had a hard time bending both legs because they were stiff and had some ROM limitation in both arms. The ADON indicated Resident #22 did not receive any ROM services.</p> <p>Observation of Resident #22 on 10-25-12 at 9:50 a.m. the resident was lying in bed on the right side, the resident's legs and arms were drawn up to her to chest. The resident was in a fetal position.</p> <p>Review of the record of Resident #22</p>		F0318	<p>1. Corrective Action:Resident #22 was re-evaluated by therapy to ensure the plan of care for the resident is appropriate regarding limited range of motion. Plan of care will be updated for resident #22 addressing limited range of motion to include appropriate care planning, preventive care resulting in the limitation in range of motion and muscle atrophy.2. Identification of any other residents:Therapy will perform a facility wide screen of residents to identify any residents that have limited range of motion. Residents identified as having limited range of motion will be reviewed and their plan of care will be updated to address their limited range of motion to include performing therapy, establishing a restorative program to address limited range of motion or residents that were found unavoidable and it was medically contraindicated to perform active or passive range of motion have been appropriately assessed, care plan will be established with preventive care resulting in limitation of range of motion or muscle atrophy.3. Measures to</p>		11/27/2012	

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	<p>on 10-25-12 at 9:51 a.m., indicated the resident's diagnoses included, but were not limited to, dementia, hypertension, diabetes, osteoporosis and obesity.</p> <p>The Minimum Data Set (MDS) assessment for Resident #22, dated 8-11-12, indicated the following: Bed mobility- total dependence of one person, transfer- total dependence of two people, walk in room and corridor- activity did not occur, dressing- total dependence of one person, toilet use- total dependence of two people, personal hygiene- total dependence of one person, lower extremity- impairment on both sides and restorative nursing program- none.</p> <p>Interview with the Director Of Nursing (DON) on 10-25-12 at 11:10 a.m., indicated Resident #22 had limited range of motion.</p> <p>Observation on 10-25-12 at 11:15 a.m., CNA #2 and CNA #3 provided incontinence care for Resident #22. The resident's legs and arms were drawn up toward her chest during turning and repositioning.</p> <p>Interview with Registered Occupational Therapist (OTR) #1 on</p>				<p>prevent reoccurrence: Nursing staff has been educated on the recognition of limited range of motion and how to report change for screening on 11/8/2012. Residents are evaluated quarterly by a licensed nurse for limited range of motion using Joint Mobility Assessment. Residents with limited range of motion will be referred to therapy for evaluation. Therapy will provide a screen or evaluation of the resident condition and will provide therapy as needed, establish or update a restorative program for the resident with limited range of motion or work with restorative nurse to review and update the resident's care plan for preventive care resulting in limitation of range of motion or muscle atrophy.4. Continued monitoring: The DON will audit the residents therapy screens and Joint Mobility Assessments monthly to ensure residents that have limited range of motion have a plan of care established to address resident needs to increase range of motion or decrease range of motion. These audits will be reviewed at the facility quarterly Quality Assurance meeting until 100% compliancy has been met for 9 months.</p>		

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	<p>10-25-12 at 12:22 p.m., indicated Resident #22 was unable to assist with ROM. OTR #1 indicated the reason passive range of motion (PROM) was not recommended or provided for Resident #22 was because the facility did not have Restorative aides and the therapy department worked with the resident on positioning with a Broda chair.</p> <p>Interview with CNA #2 on 10-29-12 at 10:56 a.m., indicated Resident #22 will bend her legs some during care, but will not bend her arms. CNA #2 indicated the resident's arm were very stiff. Observation of Resident #22 at this time, the resident was lying in bed with both legs and both arms drawn up to her chest.</p> <p>The Restorative policy, dated August 2012, provided by the DON on 10-29-12 at 3:15 p.m., indicated "specialized rehabilitative service goals and objectives shall be developed for problems identified through resident assessment in a therapeutic environment".</p> <p>3.1-42(a)(2)</p>						

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F0323 SS=D	<p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. Based on observation, interview and record review, the facility failed to monitor a resident during meals who had swallowing problems and was at risk for aspiration for 1 of 8 residents who met the criteria for accidents. (Resident #21)</p> <p>Findings include:</p> <p>The record of Resident #21 was reviewed on 10/29/12 at 9:52 a.m.</p> <p>On 10/29/12 at 12:33 p.m., Resident #21 was observed eating lunch alone in her room. No staff were present in her room or in the hall to monitor Resident #21 while she was eating. Resident #21 was drinking thin liquids.</p> <p>Resident #21's MDS (Minimum Data Set) assessment, dated 9/2/12, indicated BIMS (Brief Interview for Mental Status) 15, with a range of 13-15, indicating the resident was cognitively intact and functional status for eating (how resident eats and</p>		F0323	<p>1. Corrective Action:Resident #21 is supervised while eating in her room.2. Identification of any other residents:Speech therapy will audit residents eating in their rooms to identify those that have a need for supervision related to aspiration. Residents identified as having a risk will be brought to community dining room or will be supervised while eating in their rooms. Nursing staff has been educated on the recognition of residents that have risk of aspiration and need for supervision during eating or drinking on 11/8/2012.3. Measures to prevent reoccurrence:The DON will audit residents in the facility weekly to ensure residents that are eating in their rooms do not have risk of aspiration without supervision. Residents that are a concern will be referred to speech therapy for screening.4. Continued monitoring:Audit will be reviewed during the facility quarterly Quality Assurance meeting until 100% compliancy has been met for 9 months.</p>		11/27/2012	

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	<p>drinks), called for supervision.</p> <p>Resident #21's care plan, dated 8/13/12, indicated "Problem, Risk for choking and/or aspiration related to diagnoses of GERD (Gastroesophageal reflux disease) and COPD (Chronic Obstructive Pulmonary Disease). Goal: Will be free from choking episodes and/or signs/symptoms of aspiration daily times 90 days. Interventions: diet as ordered, do not use straws, head of the bed up or assist to upright position prior to ingestion of food or fluids; maintain upright position 30 minutes after meals, stop feeding if she begins to cough gurgle, gag or regurgitate, monitor for shortness of breath, coughing, or pocketing of food, call physician if any of the above symptoms occur, contact physician for chest-X-ray (based on lung sounds) and call results of film."</p> <p>Resident #21's "Speech Therapist Progress and Discharge Summary," dated 6/15/12, indicated "Analysis of Functional Outcome/Clinical Impression: Short Term goals, (ability to swallow liquids) current level of function, the patient safely swallows mechanical soft diet/honey thick liquids using compensatory strategies from trained staff or caregivers, given</p>						

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	<p>moderate visual and verbal instruction/cues. Swallowing laryngeal, the patient performs exercises to decrease aspiration risk with moderate impairment (50-75% impairment: combination of oral and non oral nutrition; requires thickened liquids; difficulty masticating (chewing) foods). Patient has moderate oropharyngeal (relating to the mouth and pharynx) dysphagia (difficulty in swallowing). Impact on Burden of Care/Daily Life: Recommended continuing skilled Speech Therapy services for dysphagia. Patient refused . Precautions: Risk of aspiration...."</p> <p>Resident #21's physician order, dated 6/15/12, indicated Speech Therapy clarification: Patient to be discharged from skilled speech therapy services. Patient refuses to participate in neuromuscular facilitation (stretching muscles) and family and patient request patient to be put on thin liquids with/chin tuck. Educated family and patient on risks."</p> <p>Resident #21's "Nutritional Assessment," dated 9/2/12, indicated "Risk Factors Related to Care Area, need to monitor chewing and swallowing ability...."</p>						

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155570		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 10/29/2012	
NAME OF PROVIDER OR SUPPLIER  PLEASANT VIEW LODGE				STREET ADDRESS, CITY, STATE, ZIP CODE 7476 W LANE RD MC CORDSVILLE, IN 46055			
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	<p>During an interview with Resident #21 on 10/29/12 at 2:30 p.m., the resident indicated she would not drink the thickened liquids so they gave her thin liquids. She also indicated she did not want to go to the dining room to eat but if staff wanted to stay with her while she ate she would like that and she stated "I do choke once in a while but I could use my call light if I needed help."</p> <p>During an interview with the DON (Director of Nursing) on 10/29/12 at 3:00 p.m., the DON indicated Resident #21 would not drink the thickened liquids so they gave her the thin liquids. He also indicated it was Resident #21's preference to eat in her room alone and she did not want staff to stay with her while she ate so he had to respect Resident #21's rights.</p> <p>3.1-45(a)(2)</p>						



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